

CIVIL COVER SHEET

Case 1:23-mc-00041-SAB Document 1-1 Filed 05/05/23 Page 1 of 1

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS <p>(b) County of Residence of First Listed Plaintiff _____ <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small></p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number)</p>		DEFENDANTS <p>County of Residence of First Listed Defendant _____ <small>(IN U.S. PLAINTIFF CASES ONLY)</small></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p>																														
II. BASIS OF JURISDICTION (Place an "X" in One Box Only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 1 U.S. Government Plaintiff</td> <td style="width: 50%;"><input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i></td> </tr> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 2 U.S. Government Defendant</td> <td style="width: 50%;"><input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i></td> </tr> </table>		<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>	<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>	III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> PTF Citizen of This State</td> <td style="width: 50%;"><input type="checkbox"/> DEF 1 Incorporated or Principal Place of Business In This State</td> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> PTF 4</td> <td style="width: 50%;"><input type="checkbox"/> DEF 4</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 2 Citizen of Another State</td> <td><input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State</td> <td style="padding-right: 10px;"><input type="checkbox"/> 5</td> <td style="padding-right: 10px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 3 Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3 Foreign Nation</td> <td style="padding-right: 10px;"><input type="checkbox"/> 6</td> <td style="padding-right: 10px;"><input type="checkbox"/> 6</td> </tr> </table>		<input type="checkbox"/> PTF Citizen of This State	<input type="checkbox"/> DEF 1 Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF 4	<input type="checkbox"/> DEF 4	<input type="checkbox"/> 2 Citizen of Another State	<input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 3 Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3 Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6													
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NATURE OF SUIT (Place an "X" in One Box Only) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">CONTRACT</th> <th style="width: 20%;">TORTS</th> <th style="width: 20%;">FORFEITURE/PENALTY</th> <th style="width: 20%;">BANKRUPTCY</th> <th style="width: 20%;">OTHER STATUTES</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise </td> <td style="padding: 5px;"> PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability PERSONAL PROPERTY <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice </td> <td style="padding: 5px;"> PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability </td> <td style="padding: 5px;"> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other </td> <td style="padding: 5px;"> <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark </td> <td style="padding: 5px;"> <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes </td> </tr> <tr> <th style="width: 20%;">REAL PROPERTY</th> <th style="width: 20%;">CIVIL RIGHTS</th> <th style="width: 20%;">PRISONER PETITIONS</th> <th style="width: 20%;">LABOR</th> <th style="width: 20%;">SOCIAL SECURITY</th> <th style="width: 20%;">FEDERAL TAX SUITS</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property </td> <td style="padding: 5px;"> CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - 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VII. REQUESTED IN COMPLAINT: <small>(See instructions):</small>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	DEMAND \$ <small>(specify amount)</small>	CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No																												
VIII. RELATED CASE(S) IF ANY		<small>(See instructions):</small>	JUDGE _____	DOCKET NUMBER _____																												
FOR OFFICE USE ONLY		DATE _____ SIGNATURE OF ATTORNEY OF RECORD																														
RECEIPT # _____ AMOUNT _____		APPLYING IFFP _____			JUDGE _____	MAG. JUDGE _____																										